

Registration District No. **757**

Primary Registration District No. **3036**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
630 N. Sixth Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **Lifetime** years, months or days

3. (a) PRINT FULL NAME

Joseph Sebachet

3. (b) If veteran, name war **HO**

3. (c) Social Security No. **710772**

4. Sex **male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Mary Magdeline Hoaf** 6. (c) Age of husband or wife if alive **75** years
7. Birth date of deceased **October 1, 1858**
(Month) (Day) (Year)

8. AGE: Years **83** Months **2** Days **10** If less than one day hr. min.

9. Birthplace **Baden, Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER { 12. Name **Joseph Sebachet**
13. Birthplace **Baden, Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Ecilia Mundt**
15. Birthplace **Baden, Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Leo Sebachet**
(b) Address **St. Charles, Mo.**

17. (a) **Burial** (b) Date thereof **Dec. 13-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Peter's Cem., St. Charles, Mo.**

18. (a) Signature of funeral director **H. C. Daffmeyer & Sons**

(b) Address **800 N. Second, St. Charles, Mo.**

19. (a) **12-18-41** (b) **Clarence H. Wessler**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **St. Charles**
(If outside city or town limits, write "RURAL")
(d) Street No. **630 N. Sixth Street**
(If rural, give location)
(e) Citizen of foreign country? **Yes** (Yes or No)
If yes, name country **Germany**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **11**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **March 1, 1937** to **December 11, 1941**
that I last saw him alive on **December 11, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **apoplexy**
Duration **1 yr**

Due to _____
Due to _____

Other conditions **generalized arteriosclerosis**
(Include pregnancy within 3 months of death) **10 yrs?**

Major findings: Of operations **83a**
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: **No**

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury **(1)**

23. Signature **George E. Kister** (M. D. or other) **MD**
Address **St. Charles, Mo.** Date signed **12/13/41**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

John E. Dallmeyer

Licensed Embalmer No. *2951*

P. O. Address *St Charles Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.